Fax:7325245575 Jul 19 2006 3:47 P.06

JOHNSON

Please type a plus sign (+) inside this box + PTC/SB/01 (10-00) Approved for use through 10/31/2002, CMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. **DECLARATION** Attorney Docket Number **DEP5082** AND **POWER OF ATTORNEY** First Named Inventor Peter Goodwin, et al. FOR UTILITY OR DESIGN COMPLETE IF KNOWN PATENT APPLICATION (37 CFR 1.63) **Application Number** 10/566,148 ■ Declaration Submitted with ■ Declaration Submitted after Filing Date January 25, 2006 Initial Filing OR Initial Filing (Surcharge (37 CFR 1.16(e)) required) Group Art Unit not yet assigned Examiner Name not yet assigned As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: AN ASSEMBLY FOR USE IN ORTHOPAEDIC SURGERY (Title of the Invention) the specification of which is attached hereto OR was filed on (MM/DD/YYYY) 03/12/2004 as United States Application Number or PCT International Application PCT/GB04/01110 and was amended on (MM/DD/YYYY) I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.58, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed. Prior Foreign Foreign Filling Date **Priority Certified Copy** (MM/DD/YYYY) Not Claimed Attached? Application Country YES NO Number(s) 0305777.5 GB 03/13/2003 PCT/GB04/01110 US 03/12/2004

JOHNSON Fax:7325245575 Jul 19 2006 3:48 P.07

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

Jul 19 2006 3:48 P.08

**JOHNSON** 

Fax:7325245575

DECLARATION - Utility or Design Patent Application						
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.						
Application Number(s)	Filing Date (MM/DD/YYYY)	i application(s) listed below.				
		Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereb.				
I hereby claim the benefit under Title 35	United States Code, 19400 of any 11-th of Co					
I hereby claim the benefit under Title 35, United States Code, s 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, s 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, s 1.56(a) which occurred between the filling date of the prior application and the national or PCT international filling date of this application:  Application Serial No.						
The Eddell Collai No.	Filing Date	Status				
		Patented Patented Patented				
I hereby appoint:						
Practitioners at Customer Number	r 000027777 →	Place Customer Number Bar Code Label Here				
MID						
Practitioner(s) named below:  Name  Registration Number						
as my/our attorney(s) or agent(s) to pros	ecute the application identified above, and	to transact all business in the United				
States Patent and Trademark Office connected therewith,						
Address all talephone calls to Brian S. Tomko at telephone number (732) 524-1239.						
Customer Number  Direct all correspondence to:						
Name:						
Address:						
Address:						
City:	State:	ZIP				
Country	Telephone:	Fax:				

Jul 19 2006 3:48 P.09

**JOHNSON** 

Fax:7325245575

I hereby declare that all statements	mada bassin		<del></del>		
I hereby declare that all statements information and belief are believed that willful false statements and the U.S.C. 1001 and that such willful false.	likė so mada	ı iunner in are nunish	at inese s	itatements wer	e made with the knowledge
U.S.C. 1001 and that such willful fall issued thereon.	se statements	may jeop	aroize the	validity of the	application or any patent
NAME OF SOLE OR FIRST INVENTOR:		☐ A petition	n has been	filed for this unsi	gned inventor
Given Name Family Name					
Signature				Date 2.0	dune 2006
Residence: City Lincoln	State		Cou	ntry GB	Citizenship GB
Mailing Address 1 Wellington Close, Skellingthorps					
City Lincoln	State		ZIP	LN6 5UH	Country GB
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any]) Marcus	Family Name or Surname Orton				
Inventor's Bignature Date 2006.					
Residence: City West Yorkshire	State		Coun	try GB	Citizenship GB
Mailing Address 40 Heath Drive, Boston Spa					
City West Yorkshire	State		ZiP (	S23 6PB	Country GB
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF THIRD INVENTOR:	A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])	Name Earnity Manage				
Inventor's Signature				Dete	
Residence; City	State		Countr		Chizenship
Mailing Address					
City	State		ZIP		Country